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Please complete this intake form fully and email it to lisa@thebucknerfirm.com or bring it to your first consultation. The completion of this form does not create an attorney-client relationship.

Full Legal Name: _____

Date of Birth: _____

Race/Nationality: _____

Social Security Number: _____

Address:

Length of Time at that Address: _____ years _____ months

Previous Address(es) (for last 10 years):

Home Telephone Number: _____

Work Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Former Name(s): _____

Marital Status: _____

Are you on Facebook? _____ If yes, under what name? _____

Are you Twitter? ____ If yes, under what name? _____

Are you on Instagram? _____ If yes, under what name? _____

Previous Marriage(s): Yes ____ No ____ Ended By? _____

Children:

Name	Date of Birth	Living at Home?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

High School Graduate? _____

Yes/No

If Yes, where: _____ If

No: _____

Year of Graduation _____

Last Grade Completed _____

College? _____

Yes/No

If Yes, where: _____ Major: _____

Year of Graduation _____

Graduate School? _____

Yes/No

If Yes: _____ Degree: _____

Year of Graduation _____

Additional Education History: _____

Employer: _____

Job Position/Title: _____

Employer's Address: _____

Length of Time with Employer: _____ years _____ months

Previous Employer(s) (for last 10 years): _____

Gross Monthly Income from Employment: \$ _____

Other Income: _____

Date of Arrest: _____

Time of Arrest: _____

Location of Arrest: _____

Date of Alleged Crime: _____

Location of Alleged Crime: _____

What was the reason or explanation given for your arrest? _____

Did the police have a warrant? _____

Yes/No

What crime were you charged with? _____

Who arrested you (name and badge number of officer(s))? _____

Was anyone else present at the time? _____

Yes/No

If Yes, explain: _____

Was your property searched at the time of the arrest? _____

Yes/No

If Yes, explain: _____

Did the police find anything that they kept? _____

Yes/No

If Yes, explain: _____

Were you searched at the time of the arrest? _____

Yes/No

If Yes, explain: _____

Did the police find anything that they kept? _____

Yes/No

If Yes, explain: _____

Were you read your Miranda rights (informing you that you have the right to remain silent, you have the right to an attorney, etc.) at the time of your arrest? _____

Yes/No

If Yes, explain: _____

Did you give or sign any statements? _____

Yes/No

If Yes, explain: _____

If Yes, do you feel the statement was voluntarily given? _____

Yes/No

Explain: _____

Were you asked to participate in a line-up at any time? _____

Were you fingerprinted or photographed at any time? _____

At any time prior to or after your arrest did you ask to speak to an attorney? _____

Yes/No

If Yes, was one provided to you? _____

What was the name of the attorney you spoke to? _____

At any time were you physically threatened or mentally harassed by the police? _____

Yes/No

If Yes, explain: _____

What is your version of the events leading up and causing your arrest?

Do you have a valid drivers' license? _____

Yes/No

If Yes, what state issued your license? _____

If No, have you ever had a drivers' license? _____

Explain: _____

Do you own any automobiles, motorcycles, or other motorized vehicles? _____

Yes/No

If Yes, please list all such vehicles: _____

Have you ever owned a firearm? _____

Yes/No

If Yes, explain: _____

Have you ever been questioned, but not arrested, in connection with a crime? _____

Yes/No

If Yes, explain: _____

Do you have a criminal record? _____

Yes/No

If Yes, explain:_____

Are you in good health? _____

Yes/No

Explain all current and chronic illnesses, past and future surgeries, and medications you are currently taking, and other relevant health information:

Do you have a history of alcohol or drug abuse? _____

Yes/No

If Yes, explain:_____

Have you ever been treated by a psychologist, psychiatrist or other mental health care professional?

Yes/No

If Yes, explain:_____

Other Important Information:

Questions to Ask My Attorney:
